RECEIVED

UNITED STATES DISTRICT COURT 2017 JUN -5 PM 3: 46 SOUTHERN DISTRICT OF NEW YORK S.D. OF N.Y.

James Canty

Write the full name of each plaintiff.

(Include case number if one has been assigned).

-against-

City of New York Pept of Housing, Preservation and Development

Cotham Building an Maintan aske

NATCA / D. H. S. / camba Mens Shelter

Write the full hame of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

# COMPLAINT

Do you want a jury trial?

#### NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

### I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

be a citizen of the same state as any plantam.
What is the basis for federal-court jurisdiction in your case?
Federal Question
☐ Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated?  Tob Discrimination, Prevaling Wage  Fail to provide proper services and  o ther
B. If you checked Diversity of Citizenship
1. Citizenship of the parties
Of what State is each party a citizen?
The plaintiff ,, is a citizen of the State of (Plaintiff's name)
(State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:	
The defendant, (Defendant's name)	, is a citizen of the State of
or, if not lawfully admitted for permanent reside subject of the foreign state of	ence in the United States, a citizen or
If the defendant is a corporation:	<del>;</del>
The defendant, City of Ny	, is incorporated under the laws of
the State of New York	<u> </u>
and has its principal place of business in the State	
or is incorporated under the laws of (foreign state	
and has its principal place of business in	w Vork City
If more than one defendant is named in the complain information for each additional defendant.	•
II. PARTIES	·
A. Plaintiff Information	
Provide the following information for each plaintiff pages if needed.	named in the complaint. Attach additional
James Canty JI	<u> </u>
First Name Middle Initial	Last Name
711 B Suagirt av.	
Street Address	111001
Far Rockaway N Y	Zip Code
718-688-5257	
Telephone Number Email	Address (if available)

### B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	First Name  Last Name  Dept. of Housing, Preser Vation & Development  Current Job Title (or other identifying information)  100 Gold St. # 7 L  Current Work Address (or other address where defendant may be served)  N. Y. 10007  County, City State Zip Code
Defendant 2:	C, A. M. B. A. Meus Shelter  First Name  Last Name
	Current Job Title (or other identifying information)  2402 AtLantic AU.  Current Work Address (or other address where defendant may be served)  3700Klyn N.y. 11233  County, City State Zip Code
Defendant 3:	First Name  Last Name  Transitional Housing  Current Job Title (or other identifying information)  3339 Park AV.
Petendan	Current Work Address (or other address where defendant may be served)  Bronx N.Y. LD456  County, City State Zip Code  T:5 Delta Manor  1530 Beach AU.
	Browx N.Y. 10460

	Defendant 4:	CITY of MY HTTN: Corporation	N CONNY
		First Name Last Name	
		Current Job Title (or other identifying information)  100 Church St. 4 FL	
		Current Work Address (or other address where defendant may be served	)
		N.Y. N.Y. 10007	
		County, City ( State Zip Code	
	III. STATEME		
	Place(s) of occurr	rence: 201 Euclid AV. BKlyn N.Y. 1120	8
	Date(s) of occurre	rence: 1988 to 1990	
•	FACTS:		
	•	y the FACTS that support your case. Describe what happened, how you w nat each defendant personally did or failed to do that harmed you. Attach s if needed.	
1	At: 14:	:58:00 ON 03-13-1989 as I wa	<u>.</u>
	Cleaning	My Buildings for the City of Ny	<u>/</u>
	Herinaf	Fter called N.y. C.H.A. I was av	ussted
	for sell	ing drugs, the case was dismissed	<u> </u>
		the Police admitted they made a Mi	
		evited From my rent Free Apart	
		is never terminated. The Man	
	Was No	ame James Cathy	
3	T 1005	t my city Job during a scand	lle
	with Go	than Building an Maintinace	
$\widehat{\mathcal{G}}$	C,A.M.	BA. Mens Shelter failed to provide	9
÷	Proper S	scrvices, would not rehouse me	
	-	o years and one me money	!
	-	ί	

6	N.A.I.C.A. Failed to provide
	proper services
	The Case was finally setteled After 10 yrs.
	#94-CV04507 U.S. Courthouse S.D.N.Y. Federal
	records Center Case Location listing Acasessian Numbers
	21-06-0104, Agency Box Numbers 149, 150 Frc
	Location # H 3224054, Superintendent of
	Buildings/costodial Contractor.
	They Changed my ID. From 5-1-1990 to 8-31-2016
	INJURIES:
	If you were injured as a result of these actions, describe your injuries and what medical
(A)	treatment, if any, you required and received.
(B)	Desta Manor failed to provide proper
	Services Pain and Suffing from
	Hyposlaemia and other
	To / 1 3 · · · · · · · · · · · · · · · · · ·
	TY DELICE
	IV. RELIEF  State briefly what money damages or other relief you want the court to order.
	•
	Life insurance \$10,000,00
2	Lost wages H. P. D. 5,000,000
3	Deformation of Chartor 10, Million dullars
	Severance Packages
	Delta Manor # 25,0000
	C.A.M. B.A.\$5969.00
	City of N.Y. 5969.00
•	

## V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

06-05-2017	and h.
Dated	Praintiff's Signature
James	Canty Jr
First Name Middle Initial	Last Name
711 B Stagert AU	
Street Address	11101
Far Rockaway 1	JY 11691
County City	State Zip Code
718-688-5257	
Telephone Number	Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:  $\square$  Yes  $\square$  No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

4061

7. Relief:
state what you want the Court to do for you and the amount of monetary compensation, if any, you are
solving and the basis for such compensation 105+ Wages Severance
Package Life INSUVANCE 10,000,00 and Deformation of Charitor.
Deformation of Charitor.
Mr. Alex Charles was not the manager
of my building he was the manager of
of my building he was the manager of my farther building 431 New Jersey AV., I
Masin 430 New Yersey Avill
mr Alex Charles was supposed to evict
my farther he was a squtter and had NU bease. Gothem building and Mantainance
Lease, Gothem building and Mantainance
has setted the class Action soil in the
under wallace & Brinson. After the case
was finished mr Ambinder wouldn't help
me.
I declare under penalty of perjury that the foregoing is true and correct.
Signed this 29 day of Feb., 2016.
1 C to 1 a
Signature of Plaintiff James Cong 1 2
78 E. 135 Mailing Address 118471 Drooky, 114 Brooky, 1
(8) E. 135 Tranaica, N. 14422
$\sim$ 1 m $\mu$ $\sim$ 1 m $\tau$ $\sim$ 7 $\sim$ 7 $\sim$ 7 $\sim$ 1 $\sim$ 7 $\sim$ 1 $\sim$ 7 $\sim$ 1 1 $\sim$
Brone Number 712-0100
1 elephone Number
10454 Fax Number (if you have one) 718-719-02-00
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.
For Prisoners:
I declare under penalty of perjury that on this day of, 20, I am delivering this complaint to prison authorities to be mailed to the <i>Pro Se</i> Office of the United States District Court for the Southern District of New York.
Signature of Plaintiff:
Inmate Number

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

	A. Where did the events giving rise to your claim(s) occur? 101 EUCLID ave.  Brooklyn N.Y., Moving Preservation and Development  B. What date and approximate time did the events giving rise to your claim(s) occur? Nov.  1988. The City has hived Conway, Farrell, Curtin  and Kelly P.C. Mr Robert S. Delmond ATT. at Law
What happened to you?	c. Facts: I had to stop work as a superin- tendent of buildings due to false arrest but and Evicted from my rent free apart- ment but was never termenated
Who did what?	Mr. Alex Charles testified in housing court that he saw me selling drugs from my apartment and had me arrested by T.N.T. While I was waiting on the settement. The
Was anyone cise involved?	Case was dismissed.  YES it was a Class Action Lawsuit. The  City hired mr. Loyd Ambinder of Virgina  and Ambinder. The case was handled by Judge
Who clac saw what happened?	Laretta A. Preska in this court.  No one I was supposed to have been reinstated  but never was, I was put back to work  in the mail room at 100 Gold St. and the parks Dept.
	IV. Injuries:  If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

NEW YO	S	IPULATION	
	LAC-	SETTLEMENT	
		Civil Court of the City of New Yor	
		JUN 0 2 201	,
ed by and	between the par	ties that the above	-referenced
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		أياد	GE OWIL COL
Date	Signature	<del></del>	Date
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JUDGE CIVIL COURT